

INDIANA PROFESSIONAL LICENSING AGENCY 302 W. WASHINGTON STREET, ROOM E034 INDIANAPOLIS, IN 46204 TELEPHONE: (317) 232-2980

NO FEE

INSTRUCTIONS:

- 1) Attach descriptive course content outline for each course, including a cover sheet for each course indicating course subject, number of hours, and applicable work tools.
- 2) Attach a completed continuing education instructor application for each instructor. (Retain a blank copy for future use.)
- 3) Use the enclosed completion certificate to provide to the participants of your course(s). You may reproduce the certificate using your own format, however it must contain all information that is indicated on the board certificate.

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Name of cosmetology educator (not instructor)							
Name of director or contact person		Telephone number					
Educator address (number and street, city, state, ZIP code)							
DARTHEROUR / OO	DDODATI	ON / LLO / LLD INFORMATION					
PARTNERSHIP / CORPORATION / LLC / LLP INFORMATION If the ownership of the cosmetology educator is a partnership, LLC / LLP or corporation, please check applicable box and provide ownership information below:							
□ Partnership □ LLC / LLP □ Corporation	iporation, pie	ease check applicable box and provide ownership information below.					
Names and addresses of partners / managers / directors, officers.							
Thambo and dadresses of parallelet managers of anothers, emested							
	COU						
COURSE NAME(S)	HOURS	COURSE NAME(S)	HOURS				
	1						

INSTRUCTORS							
INSTRUCTOR NAME(S)			INSTRUCTOR NAME(S)				
with this application?			our course(s), using the sample certificate format that is provided				
Have you read and understand the statutes and rules replaced Yes No	garding continuing edu	ucation that were	e provided with this application?				
	NOTARY CI	ERTIFICATE					
			netology educator approval. I (we) understand that any violation that the information given in this application is true and correct				
STATE OF		COUNTY O	F:				
Signature of principal officer, partner, manager or sole proprietor	Signature of principal officer, partner, manager or sole proprietor Signature of principal officer, partner, manager or sole proprietor		Signature of Notary Public				
Printed or typed name of principal officer, partner, manager or sole proprietor			Printed or typed name of Notary Public				
Date subscribed and sworn to Notary Public	County of residence		Date commission expires				
	EOD OFFICI	E USE ONLY					
☐ Approved	FOR OFFICE	E USE UNLT					
☐ Tabled Reason:							
☐ Denied Reason:							
Board signature:		Board signature:					

CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

PARTICIPANT NAME					
PARTICIPANT ADDRESS			LICENSE NUMBER		
HA	AS COMPLETED THE FOLLOWING CO	DURSE(S)			
AT					
COURSE(S)	(LOCATION)	DATE	HOURS		
	EDUCATOR NAME				
	EDUCATOR ADDRESS				
	LUGGAT ON ADDRESS				
	EDUCATOR SIGNATURE				